

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

| | | | |
|---|--|---|-------------------------------|
| Establishment Name SUBWAY #22660 (SERVELL 2 INC) | Telephone Number Est 626-991-1766 Own | Date of Inspection 07/28/2022 | ID# |
| Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4 | | | |
| Owner MONISH KAPUR | Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up 08/11/2022 | Released 07/28/2022 |
| Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143 | | Menu Type 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| Person in Charge AUBREY LEWIS | | | |
| Responsible Person's Email | | | |
| Certified Food Handler | | | |

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

| Section # | C | NC | R | Narrative | To Be Corrected |
|-----------|---|----|---|--|-----------------|
| 118 | X | | X | Observed no Certified food manager's certificate. Owner and Manager should consider getting certified. A class should be signed up for before the follow-up date. | 2 weeks |
| 187 | X | | X | Observed thermometer on the right cooler containing egg, vegetables, sliced tomato, and cheese reading 62F. Cheese was measured 55. Egg measured at 56F. Egg discarded. Tomato and cheese moved to prep cooler. Egg, sliced tomato, cheese must be kept at 41F or below. | 1 week |
| 344 | X | | X | Observed food items in front handwashing sink behind preline. This sink can only be used for handwashing. | retrain staff |
| 256 | | X | X | Observed no thermometer in the walk-in cooler. When the staff was asked where it was they did not know. Owner called and said one was in there. Employees should be able to check temperature. | 1 day |
| 324 | | X | X | Observed the right bay of 3-comp sink to be leaking. The first bay is being used to wash and rinse and the second to sanitize. This method is acceptable until repairs can be made. | 2 weeks |
| 138 | | X | | Observed employee on prep line with no hair restraint (hat). | 1 day |
| 199 | | X | | Observed frozen food left on a table to thaw. This is not an approved thawing method. It must be thawed in refrigeration or more rapidly in running water. | corrected |

Summary of Violations C 3 NC 4 R 5

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|---------------------------------------|-----|---|--|
| Received by (name and title printed): | | Inspected by (name and title printed): Thomas Snider CFS | |
| Received by (signature): | | Inspected by (signature): <i>Thomas Snider</i> | |
| cc: | cc: | cc: | |